



HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
Total Population*	88 million (mid-2010)
Estimated Population Living with HIV/AIDS**	980,000 [880,000–1,100,000] (end 2007)
Adult HIV Prevalence**	2.1% [1.8–2.2%] (end 2007)
HIV Prevalence in Most-at-Risk Populations***	Sex workers: 25.3% (2009)
Percentage of HIV-Infected People Receiving Antiretroviral Therapy****	29% (end 2007)

* U.S. Census Bureau ** UNAIDS *** UNGASS 2010
 **** WHO/UNAIDS/UNICEF *Towards Universal Access*, 2008

The first case of HIV in Ethiopia was reported in 1984. Since then, HIV/AIDS has become a major public health concern in the country, leading the Government of Ethiopia to declare a public health emergency in 2002. In 2007, the estimated adult HIV/AIDS prevalence in Ethiopia was 2.1 percent. Although the epidemic is currently stable, HIV/AIDS remains a major development challenge for Ethiopia. Poverty, food shortages, and other socio-economic factors amplify the impact of the epidemic. According to the most recent data from the Joint United Nations Program on HIV/AIDS (UNAIDS), approximately 980,000 Ethiopians were living with HIV/AIDS in 2007, and 67,000

individuals have died as a result of infection with the virus. National projections estimate approximately 1.1 million Ethiopians are living with HIV, and prevalence increased slightly to 2.3 percent by 2009.

Ethiopia represents a low-level, generalized epidemic driven by most-at-risk populations (MARPs). Heterosexual contact is the primary mode of HIV transmission in Ethiopia, and young women are at particularly high risk. Data from UNAIDS and the World Health Organization (WHO) indicate HIV/AIDS prevalence is higher among women (2.6 percent) than men (1.8 percent). According to the Ethiopia Ministry of Health Single Point Estimates for 2010, in urban areas, women are 1.5 times as likely to be infected as men (9.2 percent and 6.2 percent prevalence, respectively). Physical abuse of women also is common throughout the country; between 40 percent and 60 percent of women experience sexual and/or physical abuse by their partners, increasing their vulnerability to HIV. Additionally, despite an increase in the number of health centers providing prevention of mother-to-child transmission (PMTCT) services in Ethiopia, the proportion of HIV-positive pregnant women who receive antiretroviral drugs (ARVs) for PMTCT remains low. In 2009, only 8 percent of HIV-positive pregnant women received ARV prophylaxis.

Ethiopia exhibits marked variation in prevalence rates between urban and rural populations, with prevalence of 7.7 percent and 0.9 percent, respectively, according to the Ethiopia Single Point Estimates for 2010. In rural areas, the epidemic is widespread, but prevalence remains low in most regions. In contrast, UNAIDS estimates that people living in urban areas are eight times more likely to be HIV infected than those in rural areas. However, according to the United Nations General Assembly Special Session (UNGASS) 2010 report, HIV/AIDS prevalence rates in urban areas have decreased in the last 10 years. In 2008 and 2009, 5.8 million people received HIV counseling and testing, a 22 percent increase from 2007.

According to the 2010 UNGASS report, the HIV/AIDS prevalence rate among sex workers is 25.3 percent. This estimate was based on data from a 2009 study from mobile clinics in 40 towns located along transportation corridors linking Addis Ababa to Ethiopia's borders. Meanwhile, sex work in Ethiopia is undergoing a disconcerting demographic change: The number of sex workers is growing, with markedly younger girls joining the trade and the number of clients per worker increasing each day. A positive change is that condom use with the most recent paying client has increased over the last two decades, from 5.3 percent in 1989 to 99.4 percent in 2009. Despite this increase in condom use during paid sex, younger female sex workers are less likely to negotiate condom use with paid partners. Moreover, consistent use of condoms with nonpaying partners remains low. Violence, financial incentives, and unprotected sex with regular, known partners contribute to the inconsistent use of condoms.

In addition to those who purchase and/or sell sex, other populations most vulnerable to HIV infection include members of the military, police officers, displaced people and refugees, truck drivers, migrant workers and day



laborers, street children, high school and university students, and out-of-school youth. Cross-border and other mobile populations are also at high risk for HIV infection. HIV/AIDS prevalence was much higher (between 11.6 percent and 37 percent) among sex workers, day laborers, truck drivers, mobile merchants, and students than among the national urban adult population (7.7 percent) in 10 HIV hot spots in the Amhara Regional State, according to the Federal HIV/AIDS Prevention and Control Office.

Children are also profoundly affected by HIV/AIDS: In 2009, an estimated 72,945 children under age 15 were living with HIV, and 855,720 children under 18 had lost at least one parent to AIDS, according to the 2010 UNGASS report. Care for orphans falls primarily on their extended family or the community, yet grandparents and other extended family often lack the capacity to care for these children. In many cases, stigma and discrimination force orphans to live on the street.

Ethiopia ranks seventh among the world's 22 high-tuberculosis (TB)-burden countries. According to the World Health Organization *Global TB Report 2009*, the estimated TB incidence rate was 370 cases per 100,000 population. TB incidence is also fueled by the HIV/AIDS epidemic, and approximately 17 percent of adults with TB are also HIV positive.

Despite its challenges, Ethiopia continues to make progress in the fight against the HIV/AIDS epidemic. For example, in 2007, 29 percent of HIV-infected women and men were receiving antiretroviral therapy (ART) according to WHO – an increase from 7 percent in 2005. More recent national estimates indicate 55.6 percent of people living with HIV/AIDS (PLWHA) are on ART as of 2010.

National Response

Great efforts are being made by the Government of Ethiopia to combat the epidemic. In 1998, the National HIV/AIDS Policy was adopted by the Government, and a multisectoral program was established with the National and Regional HIV/AIDS Council Secretariats. Ethiopia joined the United Nations General Assembly's Political Declaration on HIV/AIDS in 2006, striving toward universal access to HIV care, treatment, and prevention.

Currently, the response to the epidemic is guided by the Second Multisectoral Strategic Plan (SPMII) (2009–2014), which focuses on creating an enabling environment for the response, capacity building, community involvement, intensified HIV prevention, increased quality of chronic care, and enhanced use of strategic information, among other goals. SPMII works with sector ministries, regional states, the private sector, employee associations, the Network of Networks of HIV Positives in Ethiopia (NEP+), Ethiopia Inter-Faith Forum for Development Dialogue and Action, and development partners to achieve its goals.

In the last few years, the Government of Ethiopia has increased efforts to accelerate progress toward universal access to HIV prevention, treatment, care, and support, emphasizing involvement of local stakeholders and decentralization. A two-year Millennium AIDS Campaign to improve access to treatment was launched in 2006, which included efforts to decentralize the HIV/AIDS response; broad-based communications; coordinated planning; specific performance targets; and improved integration of HIV/AIDS treatment into health care settings. The Government trained 32,000 health extension workers to promote community health initiatives, aid households, and deliver ART as part of the decentralization. According to Ethiopia's Ministry of Health, the Campaign reached approximately 1 million people, and the number of ART recipients increased more than 14-fold from 2005 to 2007.

Additionally, the Government has integrated family planning, maternal, newborn, and child health services with PMTCT HIV counseling and testing and provision of ART. From 2004 to 2009, the number of sites providing PMTCT, counseling and testing, and ART have increased substantially. At the end of 2009, 1,023 health facilities were providing PMTCT services, and 1,823 public and private health facilities were providing counseling. A total of 511 health facilities – 142 hospitals and 369 health centers – currently provide ART. Though substantial improvements like these have been made throughout the health sector, challenges still exist. Priorities for the national strategy include increasing intervention efforts for most vulnerable and at-risk populations, such as orphans and vulnerable children (OVC), and PMTCT and intervention efforts in the education sector and workplace.

Political will to combat the HIV/AIDS epidemic has increased over the years with new legislation and revised national policies. Recently, Ethiopia has taken on a number of leadership roles in the fight against HIV/AIDS. The

Minister of Health and First Lady both chair international coalitions working to fight HIV, and the 2011 International Conference on AIDS and Sexually Transmitted Infections in Africa will be hosted by Ethiopia. The Government of Ethiopia partners with a number of private business institutions, public sector institutions, nongovernmental organizations, and faith-based organizations to provide information and education activities on HIV/AIDS, condom promotion services, and care and support services for people afflicted with and affected by HIV.

The Coca-Cola Company and the East Africa Bottling Share Company, PLC have been partnering with USAID since 2005 on job creation programs in Ethiopia. In the cities of Addis Ababa and Awassa, the program employs OVC as vendors, giving them the opportunity to stay in their own communities and earn a living. This program provided vendors with life skills and business skills training, education support, and psychological counseling, in partnership with the nonprofit organization Save the Children. Fifty adolescent OVC aged 16 and 17 have been supported through this program thus far.

Since 2003, the Global Fund to Fight AIDS, Tuberculosis and Malaria has disbursed a total of \$564.8 million to support HIV/AIDS programs in Ethiopia. The most recent funding was a seventh-round grant signed in April 2009 for the NEP+. The program supported by the grant is designed to strengthen and expand the scale-up of social mobilization, care, and support programs for PLWHA and OVC affected by the epidemic. The U.S. Government (USG) provides nearly 30 percent of the Global Fund's contributions worldwide.

USAID Support

Through the U.S. Agency for International Development (USAID), Ethiopia received \$206 million in fiscal year (FY) 2009 for essential HIV/AIDS programs and services. USAID's HIV/AIDS programs in Ethiopia are implemented as part of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Launched in 2003, PEPFAR is the USG initiative to support partner nations around the world in responding to HIV/AIDS. Through PEPFAR, the USG has committed approximately \$32 billion to bilateral HIV/AIDS programs and the Global Fund through FY 2010. PEPFAR is the cornerstone of the President's Global Health Initiative (GHI), which commits \$63 billion over six years to support partner countries in improving and expanding access to health services. Building on the successes of PEPFAR, GHI supports partner countries in improving health outcomes through strengthened health systems, with a particular focus on improving the health of women, newborns, and children.

Ethiopia faces many challenges in combating the HIV/AIDS epidemic: food insecurity, limited capacity of the health system, difficulty accessing MARPs, limited data on other potentially high-risk and vulnerable populations, gaps in surveillance and research activities, low uptake of antenatal care and PMTCT, low TB case detection rates, and the dynamics of working with partners. In response, the USG initiated a number of activities through PEPFAR interventions for HIV/AIDS prevention, treatment, and care. The USG/PEPFAR program focuses on working with the Government of Ethiopia on prevention of sexually transmitted HIV in MARPs and in urban areas; gender issues such as early marriage; antenatal services; and PMTCT.

USG programs work to ensure a continuum of care by linking PMTCT, pediatric AIDS, and OVC services. Ethiopia has implemented task shifting through a nurse-centered care model that utilizes outreach workers and case management to improve adherence rates; health officers and nurses who are trained to provide comprehensive pediatric AIDS care; and pediatric HIV facility and community services that now are administered through case managers, *kebele*-oriented outreach workers, and community volunteers. There has been significant scale-up of pediatric ART services at the health center level, with the number of children supported on ART increasing from 0.2 percent of patients to 3.4 percent in only 18 months. Programs have also reached nearly 100 percent of HIV-exposed/infected children eligible for co-trimoxazole as of March 2010. Enhanced capacity building for pediatric HIV management has been achieved through training, development and production of resource materials, trainee follow-up, mentorship, and supportive supervision.

There were many additional successes in Ethiopia achieved through PEPFAR support in 2009, including:

- Delivering ARV treatment to 163,100 individuals, including 8,300 HIV-positive pregnant women receiving ARV prophylaxis for PMTCT
- Counseling and testing 3,270,400 individuals, including 436,700 pregnant women with HIV
- Providing 444,700 people living with HIV with care and support, including HIV/TB services
- Reaching 4,201,900 individuals with community outreach HIV/AIDS prevention activities that promoted correct and consistent use of condoms and related interventions
- Reaching 5,459,900 individuals with community outreach HIV/AIDS prevention activities that promoted abstinence and/or being faithful
- Providing support to 554,800 OVC

Important Links and Contacts

USAID/Ethiopia
Riverside Building
P.O. Box 1014
Addis Ababa
Ethiopia
Tel.: 251-1-51-0088
Fax: 251-1-51-0043
Web site: <http://www.usaid.gov/missions/et/>

USAID/East Africa
P.O. Box 629
Village Market 00621
Nairobi, Kenya
Tel.: 254-20-862-2000
Fax: 254-20-862-2680/2682
Web site: http://www.usaid.gov/locations/sub-saharan_africa/countries/redso/index.html.

USAID's HIV/AIDS Web site for East Africa:
http://www.usaid.gov/our_work/global_health/aids/Countries/africa/earegional.html.

For more information, see USAID's HIV/AIDS Web site: http://www.usaid.gov/our_work/global_health/aids.

September 2010